SCHEDULE B (FEC Form 3) TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE NUMBER: PAGE 46 OF 46 (check only one)
	Detailed Summary Page	20a 20b 20c X 21
Any information copied from such Reports and Statemen or for commercial purposes, other than using the name a		
NAME OF COMMITTEE (In Full)		
Crawford for Congress		
Full Name (Last, First, Middle Initial) A. FRIENDS OF JOE HECK		Date of Disbursement
Mailing Address P.O. BOX 753908		09 29 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
City State	e Zip Code 89136	Amount of Each Disbursement this Period
Purpose of Disbursement CONTRIBUTION	03130	2000.00
Candidate Name	Cate	gory/ Transaction ID : SB21.I1620
JOE HECK	Ту	pe
	nary General er (specify)	
State: NV District: Full Name (Last, First, Middle Initial)		
3.		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State	e Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		- , ,
Candidate Name		gory/ pe
	t For: mary General er (specify)	
State: District:		
Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address		M M / D D / Y Y Y
City State	Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		gory/ pe
	t For: nary General	
President Oth State: District:	er (specify)	
		2222.22
SUBTOTAL of Disbursements This Page (optional)		
		44300.00

TOTAL This Period (last page this line number only).....